REQUEST FOR INFORMATION ON
DRAFT SCOPE OF WORK

General Information

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Contracting Office Address

Agency for International Development, Overseas Missions, Peru,
Regional Contracting Office, Unit #3760, APO AA, 34031

Description

USAID/Peru seeks comments on the attached Draft Scope of Work (SOW) and expressions of interest from the IQC holders under TASC3 – Global Health regarding a potential future to form an expert technical assistance group that will provide support to Government of Peru health agencies in three general programmatic areas: (1) Maternal and Child Health, (2) Family Planning and Reproductive Health, (3) Infectious Disease prevention and control. It will address operational problems that impair the delivery of effective, quality health services and public health programs in these three areas. This task order will be a key component of USAID's health portfolio in Peru and will entail close cooperation with the central Ministry of Health and selected regional directorates and municipalities of Peru's decentralizing government health sector. Through this task order USAID will provide technical assistance, training, and limited commodity purchases to these governmental entities. Funding responsibility for many activities implemented under this task order are expected to be shared with the government. USAID/Peru intends to issue a Request for Task Order Proposals (RFTOP) on this subject and we seek comments from those IQC holders noted above who may be interested in bidding on the attached Draft Scope of Work. USAID reserves the right to use any comments received in response to this request in its future plans and documents, however USAID is not obligated to do so. USAID reserves the right to change the attached draft scope of work, based on comments received and its own internal review, prior to issuance of the RFTOP. This request for information in no way obligates USAID to issue a solicitation, nor does it commit USAID to pay any costs incurred in the preparation and submission of comments to this request. Any and all expenses incurred in responding to this request for comments shall be the responsibility of the individual or organization which provides the comments and not USAID. The preferred method of transmission for comments on this draft scope of work is via e-mail to Mrs. Rosario O. de Saldaña at rsaldana@usaid.gov with copy to Erin E. McKee, Supervisory Regional Contracting Officer at emckee@usaid.gov which must be received no later than November 5, 2007 at 5:00 p.m., Lima time. Any questions regarding this request for comment and expressions of interest should be submitted in writing and sent via e-mail to the above addresses. Thank you for your interest in USAID/Peru's Health programs.

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SCOPE OF WORK

I. PURPOSE AND SCOPE

The intended purpose of this proposed task order is to form an expert technical assistance group that will provide support to Government of Peru health agencies in three general programmatic areas: (1) Maternal and Child Health, (2) Family Planning and Reproductive Health, (3) Infectious Disease prevention and control. It will address operational problems that impair the delivery of effective, quality health services and public health programs in these three areas. This task order will be a key component of USAID's health portfolio in Peru and will entail close cooperation with the central Ministry of Health and selected regional directorates and municipalities of Peru's decentralizing government health sector. Through this task order USAID will provide technical assistance, training, and limited commodity purchases to these governmental entities. Funding responsibility for many activities implemented under this task order is expected to be shared with the government.[1]

This task order will be designed to complement other components of the USAID/Peru Health Program to advance its central objective: to help strengthen systems and promote the effective use of resources in the health sector in order to produce real and lasting improvements in health status for the poor and near-poor population of Peru.

USAID's Health Program ("Program") aims to mobilize Peru's own considerable human and financial resources to help Peruvians move the health sector toward being equitable, effective, efficient, and one with adequate domestic financial support. The Program is based on the premise that Peru's economy produces adequate fiscal resources to deliver good quality basic health care and to carry out appropriate public health programs for disease prevention and health promotion for its entire population. However, the current reality is instead one of very low quality health care services for the majority of Peruvians and inadequate public health programming for the population as a whole. This reality can be broadly attributed to (1) chronic underinvestment in the public health sector, and (2) the sector's weak institutions, regulation, and management -- factors that are mutually reinforcing. To remedy current deficiencies will require the sustained commitment of the Government of Peru (GOP), and the dedicated work of people throughout the health sector. USAID's role is to partner with Peru's health authorities and provide highly targeted technical inputs to leverage and incentivize broad and meaningful improvements.

The work performed under this task order will contribute to the achievement of the Investing in People Objective in the U.S. Foreign Assistance Framework under the Health Area. (See http://www.state.gov/documents/organization/88433.pdf .) This task order will be financed with funds earmarked for activities in each of these five elements, and will achieve significant results related to each of them:

- HIV/AIDS
- Tuberculosis (TB)
- Other Public Health Threats (OPHT)
- Maternal-Child Health (MCH)
- Reproductive Health/Family Planning (RH/FP)

[1] In some cases, public-private partnerships may also be appropriate.

The intended task order is currently planned for a 5-year implementation period, subject to availability of funds, Congressional approvals, Mission priorities, and satisfactory evaluation of performance. Please note that award of the task order contemplated herein cannot be made until funds have been fully appropriated, allocated, and committed through internal USAID procedures. While it is anticipated that these procedures will be successfully completed, the TASC III IQC holders are hereby notified of these requirements and conditions for award and subsequent obligations of incremental funding.

II. BACKGROUND

Development Context

Despite being ranked by the World Bank as a lower-middle income country, Peru is still classified as a "developing" country under the U.S. Foreign Assistance Framework (U.S. Department of State, 2006.) About 45% of the population of 28 million remains poor, and 16% are extremely poor, even though Peru has sustained strong economic growth for several years. Poverty and extreme poverty rates are highest among indigenous groups. Peru's severe and enduring socioeconomic disparities fuel dissatisfaction with the state, its institutions and political leaders, and pose the major threat to Peru's political stability.

The country's challenging terrain, especially in the jungle and the Andes mountain range, coupled with poorly developed communication and transportation systems, has contributed to the problem of low state presence and poor quality government services in many areas. Compounding these practical challenges to reducing disparities, Peru has a long history of cultural and economic discrimination against indigenous peoples.

To help Peru address the still-critical issues on its development agenda, USAID's assistance program in Peru is aimed at reducing poverty through broad-based economic growth, modernizing key institutions, improving state-run services, and strengthening civil society. In addition to working at the national level, USAID/Peru concentrates its field presence in a seven-region area[2] where coca is grown for cocaine, and narco-trafficking activity is common. USAID's multi-sectoral Alternative Development strategy includes activities in economic growth, democracy and governance, basic education, and environmental protection as well as health.

Peru is expected to begin a Millennium Challenge Corporation (MCC) Threshold Program in 2008 focused on reducing government corruption and boosting childhood immunization rates, aiming to qualify for an MCC Compact grant by the end of the decade.

Health Context

Peru's aggregate national indicators show major advances since the 1980s in prenatal care, skilled attendance at birth, reduction of maternal, infant, and under-5 mortality, Total Fertility Rate (TFR), and Contraceptive Prevalence Rate (CPR). Yet, for each of these indicators, large gaps[3] persist between upper and lower income groups, owing to vast disparities in standard of

[2] Ayacucho, Cusco, Huanuco, Junin, Pasco, San Martin, and Ucayali.

[3] The USAID-sponsored Demographic and Health Survey in Peru is piloting a "continuous" methodology that generates estimates for major indicators in the form of rolling averages, based on continuous data collection. The first full set of estimates for the period 2004-2007 is expected in early 2008.

living, access to health care services, and the quality of services provided. Rural populations, including poor indigenous groups, continue to have high unmet need for basic health services, and are the most difficult to reach. For instance, use of modern contraceptives in urban areas according to 2004/06 DHS estimates was 53%, but in rural areas was only 38%, with an unsatisfied need for contraceptives of more than 11%. Over half of all births in rural areas still occur at home, and maternal mortality remains high.

The national chronic childhood malnutrition rate of 30%[4] has remained unchanged for over a decade, mostly concentrated in rural areas where the percentage reaches 70% or more of children in some communities. Childhood illness goes untreated in many areas due to the inaccessibility of health care coupled with poor understanding of effective home management. In the absence of strong public health programs, there is low awareness in many rural and urban settlements of the importance of clean water, hand washing, good sanitation practices, and sound nutrition for child health.

In the arena of infectious disease control, Peru is slowly recovering from disruptions in key programs that occurred when the MOH shifted from vertical programs to a more modern and integrated model of health care delivery in 2002. The HIV/AIDS, tuberculosis, and childhood vaccination programs, which had been highly effective as vertical programs, declined markedly due to resource and management problems. Although prevalence in the general population is currently low, HIV/AIDS is a significant health threat in Peru. The concentrated epidemic primarily affects most-at- risk populations (MARPs), especially men who have sex with men (MSM) and commercial sex workers (CSWs). Among the former, prevalence is reported at 13.6% nationally; in Lima it has reached 22.8%. Unchecked, spread of the epidemic would impose considerable costs on the people and GOP, undermining health, longevity, and general development gains realized in recent years. According to MOH estimates, there are over 45,000 persons infected with tuberculosis, including multi-drug resistant strains, and the disease remains a significant challenge for Peru's health sector. Currently the Global Fund is financing work in TB and HIV/AIDS. A range of other infectious diseases including dengue and Chagas are prevalent in Peru. Hospital-based infections and inadequate safety of the blood supply reflect generalized weakness in the enforcement of standards in the public health care system.

While Peru's public health and clinical norms and guidelines are generally rigorous, the actual quality of state-provided health services is low, and the quality of professional practice among health care providers varies greatly. The public Ministry of Health (MOH) system, which provides health services to almost 70% of the population, has made efforts to improve the situation, but remains weak as a result of many factors, including: inadequate government investment; historic centralization of health sector resources in Lima leading to inefficiencies and poor response to needs in the rest of the country; frequent turnover in personnel, in both management and clinical cadres; inadequate training and supervision for both clinicians and managers; upper management in the MOH that is highly vulnerable to political change; inadequate information systems for epidemiological surveillance, clinical, and management functions; a weak logistics system for drugs, contraceptives, and vaccines; an inefficient and non-transparent government procurement system; and low capacity to enforce quality norms and standards in the sector.

[4] In 2007 WHO published revised standards for child growth and development. Based on these, the percentage of Peruvian children classified as chronically malnourished was revised from 25% to 30%. Applying the same criteria retrospectively reveals that there has been no significant change during the last decade. See http://www.who.int/childgrowth/standards/tr_summary/en/index.html.

Today, major transformations are underway simultaneously on four fronts in Peru's health sector: (1) continued implementation of an integrated (rather than vertical) approach to organizing and delivering health care services that was begun in 2002; (2) decentralization of management and budgeting to the regional and municipal levels under a government-wide decentralization mandate; (3) a push to expand health insurance mechanisms, especially for the poor; and (4) the rapid expansion of national programs for the poor: Juntos (a conditional cash transfer program), CRECER (a strategy to combat chronic childhood malnutrition), and SIS (a health insurance system for the poor.) These sea-changes make the sector very dynamic and present many opportunities for system strengthening.

Health sector decentralization is actively moving toward transference of most service functions to the regional level by December 2007. Maternal and peri-natal services, family planning, reproductive health and child services, and infectious disease control are priorities for regional and local health planning and budgeting. Core functions will remain centralized in the Ministry, including: setting national health policy and global regulations for the health sector; conducting long-term planning; aggregating data from epidemiological surveillance, and coordinating with international donors.

Decentralization has the potential to improve the responsiveness of health services to local needs and to increase public support for health and family planning services through community mobilization – but it also involves considerable risk that service provision will fail where receiving units are inadequately prepared to assume new functions. Besides preparing regional and municipal staff for the decentralization process, more effective execution of the rector role by the central MOH will be critical to the success of the decentralization process.

USAID/Peru's Health Program: Overview

As noted above, USAID/Peru's Health Program comprises five program elements: family planning and reproductive health; maternal and child health; HIV/AIDS; tuberculosis; and other public health threats. The Mission's health strategy is designed to respond to Peru's dynamic health sector, and prioritizes effective partnering with host country institutions. This is a mature assistance program that is seeking practical, durable solutions for some of the most persistent and difficult problems that plague Peru's health sector, especially inadequate financing, poor quality, and vast inequalities in health status and access to quality services. We anticipate that funding from international donors to this sector will continue to diminish as Peru's GDP grows, making the next few years critical for USAID's contributions in health. In this spirit, USAID and the Ministry of Health have recently agreed to establish a Joint Steering Committee for planning and monitoring USAID's health activities for maximum coordination and impact.

Training and technical assistance have been the predominant modalities of USAID's health program in Peru. USAID is re-balancing its program toward more technical assistance, including TA to establish quality training systems that will be sustained by Peru itself. The health sector is characterized by very high training needs and building capacity in human resources is a prerequisite for most needed improvements in the sector. Training is required at some level for virtually all health workers, and the initial training requirements for physicians, midwives, and nurses are substantial. Moreover, the knowledge and skills of all health workers must be refreshed and updated regularly to maintain required competencies. Through extensive in-service training in the health sector over the last four decades, USAID has contributed significantly to improving Peru's health system performance. However, the combined impact of frequent turnover in public sector personnel and the natural inflow of new health workers over time mean that the benefits of non-institutionalized training will decline – sometimes quite

rapidly – until systems are created and sustained to provide recurrent training to the health workforce. Because Peru's economy is strong, and it has many highly competent health professionals, USAID will increasingly focus its health training investments in strengthening Peru's own training and supervision systems. The GATS activity will play an important role in that transition.

It is also important to underscore that the MOH has made major advances during the last ten years in establishing strong norms and guidelines for Peru's health sector. However, implementation and enforcement of these standards are generally weak. USAID is increasingly focused on developing approaches to narrow the gap between the MOH's own high standards and the realities of the health system. This remains a central and formidable challenge for the Health Program.

The Health Program is described below via summaries of recent and current work viewed from several angles: by broad approaches; cross-cutting themes; program elements; the overarching topic of decentralization; new activities; and by specific forerunner activities to this anticipated task order award.

USAID's Health Program uses four main approaches to upgrade health sector performance:

Table 1. USAID/Peru Health Program: Broad Approaches

Approach	**Incumbent (Project Name)**
Macro-structural reform, including decentralization design, financing and insurance, and macro regulatory structures. Also: education programs for government and political groups re: health sector issues.	Abt. Associates (PRAES)
Policy development, implementation, and enforcement in several cross-cutting sub-systems coupled with information systems for decision-making and management.	Constella Futures (Health Policy Initiatives)
Operations strengthening at the functional level of the health system which focuses on technical procedures, practices, and supervisory systems for quality improvement.	*This Scope of Work*
Community health promotion through empowerment and linking to improved health care services	Management Sciences for Health (Healthy Communities and Municipalities)

These are not mutually exclusive but *interlocking* approaches, which require significant communication and coordination among the program's implementing partners. Monthly partners' meetings with the USAID technical team facilitate information-sharing collaboration toward those ends.

The matrix below represents the Health Team's judgment that significant improvements in the cross-cutting factors or "sub-systems" listed on the left axis are required for sustainable improvements in health outcomes in the areas of maternal/child and reproductive health and infectious disease control (across the top axis.) The decentralization process underway is the dynamic context in which all health sector work now takes place.

Table 2. USAID/Peru Health Program Matrix: Cross-Cutting Themes

		MAJOR HEALTH SUB-SYSTEMS & CAPACITIES TO BE STRENGTHENED	**PROGRAMMING AREAS**		
			Maternal Child Health	**Reproductive Health / Family Planning**	**Infectious Diseases** (HIV/AIDS, Tuberculosis, Other Public Health Threats)
Decentralization & Strengthening MOH Rector Role	1	HUMAN RESOURCES (capacity-building, supervision, management and organization)	*USAID's Health Program aims to improve the eight cross-cutting capacities or "sub-systems" listed in the left column in order to make significant and sustainable impacts in the three programming areas above.* *The intended primary beneficiaries of the Program are the half of Peru's population that is at high risk for poor health due to poverty, malnutrition, unhealthy behaviors, and limited access to quality preventive and curative health care services.* *The decentralization process now underway, including strengthening the central Ministry's regulatory role, is a "meta" process that affects all aspects of public health sector functioning.* *Evaluation of the impact of work done under the Health Program is gauged both in terms of system performance indicators related to the left axis (e.g. reduced stock-outs of contraceptives), and in terms of health outcome indicators related to the top axis (e.g. increased percentage of births with healthy maternal and infant outcomes.)* *USAID collaborates closely with the Peruvian Government, as well as civil society organizations (including NGOs, universities, professional organizations, political parties), private firms, and other international donors.*		
	2	DATA & INFORMATION SYSTEMS (epidemiological, clinical and administrative data collection, analysis and use)			
	3	PHARMACEUTICAL REGULATION & LOGISTICS (systems to guarantee the availability of essential medications and contraceptive security)			
	4	SERVICE QUALITY IMPROVEMENT (implementation and enforcement of MOH standards at all levels of the health care system)			
	5	HEALTH PROMOTION & BEHAVIOR CHANGE (community-organization for public health; health communications via health providers and mass media.)			
	6	FINANCING/ BUDGETING (public sector finance in the decentralization context; insurance mechanisms for the poor)			
	7	MANAGMENT AND ADMINISTRATION (toward competent and effective executive functioning in the public sector)			
	8	POLICY MAKING & REGULATORY CAPACITY (capacity building to design and enforce policy, for government and other stakeholders)			

Summary: Recent/Current Activities by Program Element

HIV/AIDS

USAID aims strengthen the MOH and DIRESAs capacity to conduct prevention activities to reach high risk or vulnerable populations. USAID's current work includes:

- Training of peer educators for interventions addressing high risk populations
- Training in voluntary counseling and testing (VCT)
- Evaluation of interventions targeting men who have sex with men (MSMs)
- Strengthening referral centers for treatment of sexually transmitted infections (STIs)
- Training in syndromic management of STIs
- Inclusion of issues of stigma and discrimination related to HIV/AIDS among criteria for evaluating quality of health services
- Inclusion of stigma and discrimination related to HIV/AIDS in the GOP's Ombudsman's oversight
- Complementing and supporting projects financed by the Global Fund for AIDS Tuberculosis and Malaria (GFATM), including training in provision of Highly Active Antiretroviral Therapy) HAART.

In addition, USAID supported the development and dissemination of a National Multi-sector Strategic Plan for the Prevention and Control of HIV/AIDS and STIs, the formulation of the National Policy for HIV/AIDS, and the formulation and implementation of a National Plan for the Prevention of Vertical Transmission of Syphilis and HIV, and education programs in public schools.

Tuberculosis (TB)

USAID has provided technical assistance at the national and sub-national levels to: the office of the National Strategy for the Prevention and Control of Tuberculosis (equivalent to the National TB control Program); update of the National Technical Guidelines for TB Control; formulate the National Strategic Plan for TB Control; develop training in (DOTS) and DOTS Plus in selected regions, the deployment of rapid diagnostic methods for MDRTB, and the implementation of the "Study on the Annual Risk for TB infection," and others.

TB is also an area addressed by the South American Infectious Diseases Initiative (SAIDI) a USAID sub-regional program. Assistance provided under SAIDI focuses on improvements in medication warehousing (storage conditions and practices), quality control of TB drugs, and the diagnosis of MDRTB.

As in the case of HIV/AIDS, USAID seeks to complement Projects financed by the GFATM.

Other Public Health Threats

USAID has provided technical assistance to several public hospitals for the formulation and implementation of plans to prevent and control of hospital infections. "Model units" have been formed with USAID's support (Neonatal Intensive Care, Hospital Infection Control Committees, Hospital Epidemiology Unit, Microbiology laboratory, Pharmacy, and Disinfection and Sterilization Units), which are now being used in training activities. Training and technical assistance have been provided to upgrade prescribing practices for antimicrobials in hospitals (including outpatient clinics.)

USAID has also provided technical assistance for the preparation of: the National Formulary of Essential Drugs; the Guidelines on Good Prescription Practices; and Guidelines for the implementation of a system for dispensing unitary doses; and collaboration in implementation of regulations for reporting adverse effects of medicines.

In addition, USAID has supported educational interventions addressing dengue and other vector-borne diseases, other dengue control activities, a national yellow fever immunization campaign, and Avian Influenza preparedness.

USAID is also active in Peru in the field of antimicrobial resistance through SAIDI, which provides support to the National Drug Regulatory Agency and the National Quality Control Laboratory. The SAIDI project also works with the Region of Callao Health Directorate to implement a multi-sectoral intervention specifically to decrease inappropriate use of antimicrobials for respiratory infections in children under-five.

Maternal/Child Health

USAID provided key technical support for the development of the MOH's Standards of Quality for Maternal and Perinatal health care services that were adopted in 2007, including a norm for vertical delivery that accommodates traditional and ethnic birthing practices. In the 7 focus regions, USAID has collaborated with regional directorates to establish Centers for Development of Competencies (CDCs) where staff from health centers and posts receive training to upgrade skills and knowledge related to primary care, emergency obstetric care, and appropriate use of the referral system. USAID supported the design and implementation of the strategy of providing Waiting Homes for women who live in remote areas, enabling them to be located near a health facility to give birth. USAID also supported research that led to the inclusion of FP counseling among services covered by the health insurance system for the poor (SIS.)

At the community level in the 7-region focus area through its Healthy Communities and Municipalities activity, USAID supports community organizing for effective low-cost public health interventions (e.g., improved cook stoves and latrines, hand washing, infant and child nutrition, and others), and stronger links and community referral systems with health care facilities for antenatal care, skilled birth attendance, and child health services (including growth monitoring and immunization.)

USAID is providing expert technical assistance to the GOP's new CRECER strategy to reduce chronic childhood malnutrition, focusing on these community-level models, as well as inter-governmental implementation agreements (e.g. between the regional and the district levels), strategic planning and budgeting. USAID is collaborating with the MCC to support the GOP's efforts to strengthen the basic childhood vaccination program.

Family Planning and Reproductive Health

USAID ended donations of contraceptives to Peru in 2004, when the Peruvian government assumed full budgetary responsibility for purchasing a range of contraceptive commodities for the public sector. USAID has also promoted the availability of condoms and oral contraceptives via the private sector, and that segment of the market has grown significantly over the last

decade from 8% to 23% (DHS 2004/06.) In 2002, the MOH decided to merge its contraceptive logistics system and its system for essential medications and supplies into the Sistema de Medicamentos (SISMED). USAID has provided technical assistance for development of the computer program for monitoring and capacity building in supply chain management that were applied in targeted regions whose responsibilities are expanding as a result of decentralization. USAID financed a model warehouse where training is provided to public sector personnel in best practices in storage and logistics for contraceptives and medications. Through CDCs, USAID has supported training to improve the quality of care in reproductive health and compliance with stringent MOH norms that require technically sound and respectful care to all patients. USAID trained regional trainers, promoted training in FP and RH in schools of medicine and midwifery nation wide and donated anatomic models for training in clinical examination. USAID has worked extensively with the GOP Ombudsman to build a surveillance system for violations of patients' rights under Peruvian norms to quality care and information. In parallel, USAID annually assesses compliance with Tiahrt amendment principles in Peru's health sector.

Summary: Recent/Current Activities in Health Sector Decentralization

Since Peru's decentralization law was adopted in 2002, USAID has provided key support to the MOH and GOP to design an orderly system for the transfer of functions from the central MOH to the regions and municipalities. This included "mapping" those functions, analyzing the competencies required, and helping the MOH establish criteria for "accrediting" regions to receive new responsibilities. USAID has provided extensive support to nine regions in developing their own integrated Health Plans and participatory budgets, requirements under the decentralization process. USAID has also funded a Decentralization Monitoring and Evaluation system designed to track the impacts of decentralization on the health sector. In addition, USAID has recently supported the development of formal agreements between regional and municipal authorities ("*acuerdos de gestion*") through which they coordinate health programming.

Summary: Recent/Current Activities by Cross-Cutting Capacities and "Sub-Systems"

Human Resources: USAID is working with universities, professional training institutions, professional organizations, and hospitals to institutionalize pre- and in-service training systems and for periodic certification of doctors, nurses, and midwives. USAID is also working with authorities at the national and sub-national levels to institute, fund, and implement policies and systems for management, supervision, and training of health system personnel to achieve impacts in MCH, FP/RH and ID control. USAID advocates a "continuous quality improvement" approach to human resources management. USIAD supported initiatives of Peruvian institutions to enact a law creating a National System for Accreditation of Superior Education (SINEACE), designed to tighten quality standards for training in health and other professions. USAID also supported a study to estimate the need for physicians and schools of medicine.

Data & Information Systems: USAID funds Peru's Continuous Demographic Survey (CDHS), and provides ongoing technical assistance to the National Institute of Statistics and Information (INEI). Preliminary work has been done to support selected regional and municipal governments to upgrade their routine information systems for epidemiological, health care services, and administrative data. This has included monitoring of quality standards of health services, maternal and perinatal care, and logistics management for SISMED.

Pharmaceutical Regulation & Logistics: USAID continues to support the improvement and dissemination of the SISMED national logistics system for medication and contraceptive distribution in the public health sector. USAID has recently funded: technical assistance for a major national procurement of medications; analysis of key weaknesses in regulation of Peru's pharmaceutical sector; design and implementation of an e-learning Diploma in Supply Chain Management; analysis of pending legislation, including stakeholder perspectives on reform Peru's drug regulatory agency, DIGEMID.

Service Quality Improvement: USAID has been a main sponsor of efforts to develop and enact a law setting explicit quality standards for each type of health facility in the public system: posts, centers, and hospitals (by level of complexity.) Continuous quality improvement approaches are being used by USAID partners to help apply the standards for facilities and for human resources management. USAID continues to support upgrading of family planning and reproductive health services in particular, and monitoring for compliance with a range of MOH norms.

Community Health Promotion & Behavior Change: Community-organizing for behavior change and improved public health is underway in 557 communities and 61 districts in the Mission's 7-region focus area, in coordination with USAID's Alternative Development Program. This community health program focuses on promoting healthy behaviors including: use of safe water; hand washing and sanitation; improved nutrition for young children; and, appropriate use of reproductive, peri-natal, and child health services.

Financing: USAID provides assistance related to public health system financing and budgeting. This includes work in the following areas: analysis of health sector accounts; advocacy for increased funding to meet basic health care needs in the public health sector; and, identifying health sector budget priorities through participatory processes. USAID is also providing technical assistance to the Seguro Integral de Salud (SIS) for expanding health insurance coverage to the poor, and guaranteeing the integrity of that system. Insurance can be highly effective in increasing the appropriate use of health care services and protecting people from impoverishment related to or exacerbated by illness or injury. USAID is supporting analytical work related to: estimating the burden of disease; developing provider reimbursement mechanisms; "incentivizing" provision of high quality of care; and developing sustainable financing approaches.

Management and Administration: USAID continues to support planning and training to prepare health system managers for continuous quality improvement in service delivery, decentralization, and execution of the health authority's rector role.

Policy Making & Regulatory Capacity: USAID is providing technical assistance to lawmakers, ministry, regional, and municipal authorities, and NGOs in advancing key policy improvements in the lines of work listed above. USAID also works with political parties to develop informed leadership in these areas.

Summary: Forerunner Activities

During the last decade, USAID has implemented the three major projects through the MOH. This planned task order will build on the work accomplished through these activities. This new activity (to be implemented under the planned task order) will be operating in a different, decentralizing context, and in a newly restructured relationship with the MOH. It is expected

that the implementer will be flexible and responsive in providing technical assistance to the MOH, under the direction of USAID.

Summary: New Health Activities Planned for FY2008

In addition to the GATS activity for which this RFTOP is being issued, the Health Program expects to initiate and manage a new activity financed by the Millennium Challenge Corporation (MCC) as part of Peru's Country Threshold Program, if approved by the MCC. This is subject to approval of the Threshold Country Plan (TCP) and the signature of the bilateral agreement with the Government of Peru for the MCC TCP.

III. STATEMENT OF WORK

The selected Contractor shall carry out this scope of work under the direction of USAID/Peru, in collaboration with Peru's health authorities, and in coordination with other USAID implementers. The contractor shall form a Technical Assistance Group for the Public Health Sector (in Spanish: Grupo de Asistencia Tecnica al Sector Salud – "GATS"), composed of public health experts with strong skills in management and demonstrated effectiveness in working with public sector counterparts in Peru. The GATS[5] shall provide direct technical assistance and manage technical assistance sub-contracts to achieve predefined goals. The GATS shall work to strengthen the performance of the central Ministry, selected Regional Health Directorates (DIRESAs), and selected municipalities, to upgrade provision of health services and programs, in order to improve health outcomes in each of the following five program elements:

(1) HIV/AIDS
(2) Tuberculosis (TB)
(3) Other Public Health Threats (OPHT)
(4) Maternal-Child Health (MCH)
(5) Reproductive Health/Family Planning (RH/FP)

The GATS shall develop work plans with appropriate input from the national and/or sub-national health entities (MOH, DIRESAs, municipal governments), and will, when appropriate and feasible, arrange co-financing of activities by these government entities. Thus, close and effective collaboration with public sector managers will be a key ingredient in this activity.

The GATS will prioritize the Mission's 7-region focus area, but will also work with other regions based on need, economies of scale, and counterpart commitment. Additional information about the geographic scope of this activity is included below in the discussion of each program element. During the implementation, CTO for this activity will provide direction on geographical concentration questions.

As described above, USAID's health program addresses systemic weaknesses in the health sector through four broad approaches; the work contemplated under the proposed task order will concentrate on the third approach:

- Operations strengthening at the functional level of the health system which focuses on technical procedures, practices, and supervisory systems for quality improvement.

That is, the awarded task order will focus on strengthening essential processes, procedures, and practices in health facilities and programs in order to achieve better health outcomes. In general, this will entail improving compliance with existing policies and clinical guidelines by helping to install programs for sustained, effective training and supervision that will correct deficiencies in the areas of MCH, FP, and ID.

The GATS' focus on the functional level will consider the following cross-cutting capacities ("sub-systems") whose weaknesses explain much of the poor performance in Peru's health sector. The GATS interventions will improve MCH, FP/RH, and/or ID outcomes.

[5] In this statement of work, all responsibilities assigned to "GATS" are ultimately the responsibility of the Contractor.

Table 3. GATS Activity: Cross-Cutting Factors

Capacity or Sub-system	GATS will assist public sector counterparts to…
• **Human Resources**	operate systems for ongoing capacity building that will improve job performance and adherence to MOH norms in MCH, RH/FP, and ID, and competencies related to gender and cultural issues. This will include supervision, and overall management and organization of health workers as well as increasing individual competence.
• **Data & Information Systems**	strengthen the collection of clinical, epidemiological, and administrative data at the functional level of the health system. Data should be collected in an accurate, timely, efficient, and consistent manner, and comply with the requirements of the higher level information systems to which operating units must contribute.
• **Pharmaceutical Regulation & Logistics**	improve operating units' capacity to order, manage, and track essential medications and contraceptives. This will include strengthening contraceptive security at the health network and micro network levels.
• **Service Quality Improvement**	install systems for self-evaluation and continuous quality improvement in health care facilities according to new MOH accreditation standards. A similar approach may be applied to laboratories, warehouses, and other health system operations.
• **Health Promotion & Behavior Change**	develop and expand health education responsibilities among clinical service providers.
• **Management and Administration**	strengthen evidence-based decision making in health networks and micro-networks.

The GATS team will be expected to function well both in the cross-cutting areas above, and the program element-specific areas to avoid unnecessary "stove-piping" and achieve synergies.

The selected Contractor shall use lessons learned in Peru and internationally and shall also seek creative and new solutions for addressing barriers to effective operations. The selected Contractor shall incorporate gender and cultural considerations and activities to reduce stigma and discrimination in the implementation of this task order, to promote gender and cultural equity and increase access to services. Health communications strategies will be used as appropriate to support the objectives of the activity.

As a result of the detailed understanding of problems that will be gained through working at the functional level, USAID anticipates the GATS will generate recommendations for policy and structural reform, as well as community-level health promotion initiatives. In order to clearly define responsibilities for each of USAID's health partners, decisions regarding USAID's interventions in the areas of policy and structural reform will be under the purview of the USAID/Peru Health Office, and implemented by partners in accordance with their scopes of work.

This broad scope of work described here will require a regular re-examination of priorities with USAID's technical team, with the goal of identifying the most effective sub-activities and opportunities in terms of health impact, sustainability, and cost-effectiveness. Because of the wide potential scope, GATS management will need to carefully design activities for coherence and impact.

The following describes more specifically the work to be performed under each of the five program elements that constitute contract line items (CLINs) for this activity.

(1) HIV/AIDS

The overall goal of the USAID's work in HIV/AIDS is to strengthen the public health sector's capacity to control the spread of HIV/AIDS. The GATS activity shall emphasize prevention strategies, including: a) promotion of abstinence/be faithful behaviors, and b) condom use and other prevention activities. Behavior change and prevention activities will target MARPs, and specific interventions will be tailored to prevent transmission in different groups. Complementary activities will include: c) host country strategic information, including surveillance and information systems for HIV/AIDS and high-risk behaviors, d) policy analysis and other systems strengthening, and e) laboratory infrastructure to strengthen and ensure sustained diagnostic and treatment capacity within Peru. Activity lines will include institutionalizing clinicians' and managers' training, procurement of selected equipment and supplies, prevention and outreach training and activities, and strategic studies and research.[6]

The GATS shall provide technical assistance and limited training to the central level staff of the National Strategy for the Prevention and Control of Sexually Transmitted Diseases and HIV/AIDS (NSHIV) as well as to the NSHIV equivalents at the regional level. Some activities will be targeted geographically to reach underserved regions where transmission rates are high, especially the regions of Ucayali and Loreto.

The near-term objectives of this activity are to improve key areas of work in the public health sector, such as organization and planning, surveillance and information management, preparation of guidelines and regulations, monitoring and evaluation (including compliance with guidelines and regulations), and coordination with other stakeholders. GATS may conduct a limited number of studies or evaluations if they are determined to be necessary to guide the work of the NSHIV or their equivalent at regional level.

The GATS shall build on previous work of USAID with the Ministry of Health (MOH); Regional Directorates for Health (DIRESAS); other partners including UN organizations; the principal recipient of GFATM grants (CARE); the country coordinating mechanism for GFATM grant implementation (CONAMUSA); and people living with AIDS (PLA) and other civil society organizations in Peru.

(2) Tuberculosis

The overall goal of USAID's work in TB over the next five years is to strengthen the MOH, DIRESAs and non-government stakeholders' capacity to implement surveillance, analysis, prevention, and treatment programs, resulting in a sustainable system that will reduce the incidence and impact of TB and MDRTB on Peruvians.

Under GATS, activities will focus on: strengthening the country's capacity for timely diagnosis, treatment, and reporting of TB and MDRTB; improving surveillance and public information about TB and MDRTB in Peru; increasing cure rates with effective implementation of DOTS protocols;

[6] These emphasis areas are specified in USAID/Peru's FY07 Operational Plan and are expected to be continued.

expanding prevention, detection, and treatment of MDRTB; and developing clinical capacity in the management of co-infections related to TB and MDRTB. The activity may include the provision of selected equipment and supplies (e.g. TB treatment kits), depending on the GATS' analysis and recommendations to USAID.

The GATS shall provide technical assistance and limited training to the central level staff of the National Strategy for the Prevention and Control of Tuberculosis (NSTB) as well as to the staff of NSTB equivalents at the regional level in areas that could include: organization and planning, training, supervision, monitoring and evaluation, surveillance and data collection, biosafety, and infection control. Significant emphasis should be placed on institutionalizing training networks for health workers in affected rural and urban areas. An area of particular interest to USAID is identifying successful models and approaches that can be replicated with marginalized populations.

The GATS shall build on previous work conducted by USAID and others with the MOH and the DIRESAs aimed at building capacity to prevent and control TB and MDRTB in Peru. Other agents that have implemented important TB activities in Peru include the Centers for Disease Prevention and Control (CDC), the Pan American Health Organization (PAHO).

(3) Other Public Health Threats

The goal of USAID's work under this CLIN is to improve the quality and use of data about hospital-borne (nosocomial) infections for decision-making and interventions at the operational level. GATS will focus on the control of hospital infection, building on previous work of USAID with the MOH, DIRESAs, and a number of selected hospitals in the country. It will take into account current knowledge and experience gathered by other partners including WHO, PAHO, CDC, and other Peruvian and International organizations. This line of work will also be coordinated with work aimed at improving the quality of health care services and the accreditation of health care facilities.

GATS will provide technical assistance and training/education to hospital staff (managers, physicians, nurses, pharmacists, etc.) aimed at strengthening and institutionalizing surveillance, prevention, and control of hospital infections. GATS may conduct advocacy with national and regional health authorities as well as with hospital staff for ensuring a favorable environment for prevention and control of hospital infections.

GATS will collaborate with hospital managers who are committed to installing systems for better prevention and control of hospital infections, and to routinely produce and utilize quality information on the surveillance of hospital infections.

GATS will explore the viability of publishing information on hospital infection control, and its use by financing agents as part of the criteria for evaluating and funding hospitals.

(4) Maternal/Child Health

The goal of USAID's work in the MCH element is to partner with government authorities to support targeted interventions that will significantly boost the effectiveness of Peru's programs for poor mothers and young children. Under this CLIN, the GATS shall provide technical assistance and training to the central MOH and regional directorates in the technical content

and requirements of Peru's recently approved Maternal and Infant Health norms. In close coordination with the MOH, the GATS will develop plans and methods for narrowing the gap between the norms and current practice, especially in USAID's 7 target regions. Attention to gender and cultural dimensions will be important. This program will be fully integrated into central, regional, and local information systems for human resources and health care quality improvement.

The GATS shall also provide targeted assistance to establish training programs that support the GOP's integrated strategy to combat childhood malnutrition (CRECER). This will include training in management, administrative, and health care topics relevant to the implementation of the program. Health care content will be based on the MOH's norms for maternal nutrition and health promotion, perinatal care, care of well infants and young children (including breast feeding, appropriate weaning practices); prevention and integrated management of childhood illnesses; and vaccination. The GATS will also coordinate with other implementing organizations to support activities to upgrade Peru's basic childhood immunization program and tracking of information on child health, which is expected to be underway during part of the period of performance for this task order. This program will be fully integrated into central, regional, and local information systems for human resources and health care quality improvement.

The GATS shall build on USAID's previous work in maternal child health with the MOH and DIRESAs, and harmonize efforts with the GOP's programs that target poor women and children: CRECER, JUNTOS, and SIS.

(5) Family Planning and Reproductive Health

USAID's overall goals in FP/RH element are to improve the quality of service provision in public sector, the availability of contraceptives, and the reach and effectiveness of reproductive health education. The GATS shall provide technical assistance and training to public sector counterparts in order to: improve the quality of FP/RH service delivery (including respectful treatment of patients, and provision of vital health education messages); upgrade the contraceptive logistics system with the aim of eliminating unmet need for family planning methods; implement integration of quality FP/RH services in the Seguro Integral de Salud (SIS) insurance system; advance compliance with MOH norms related to FP/RH that are required for health care facility accreditation; and identify and address gaps in MOH information systems for FP/RH. The GATS shall support the implementation and enforcement at the service-provision level of MOH guidelines and policies that are designed to improve patient care.

GATS shall provide technical assistance and training to the central MOH and regional DIRESAs and will develop plans and methods for narrowing the gap between the norms and current practice, especially in USAID's 7 target regions. Attention to gender and cultural dimensions should be emphasized.

The GATS shall build on USAID's previous work in family planning and reproductive health in Peru and exercise good judgment in the complex policy environment surrounding this important health priority.

The following table is a non-exclusive list of major Peruvian counterpart institutions with whom the selected Contractor shall collaborate in the infectious diseases activity areas.

Table 4. Major Counterpart Institutions & Agencies	
Activity Area	**Principal Counterpart Institutions**
1. HIV/AIDS	Central MOH; CONAMUSA (Country Coordinating Mechanism for projects supported by the Global Fund to Fight Aids, Tuberculosis and Malaria); Regional DIRESAs; Regional and Municipal governments; Universities; Health Professional Associations; UN organizations, particularly UNAIDS; PAHO; NGOs including organizations of PLA.
2. Tuberculosis	Central MOH; CONAMUSA (Country Coordinating Mechanism for projects supported by the Global Fund to Fight Aids, Tuberculosis and Malaria); Regional DIRESAs; Regional and Municipal governments; Universities; Health Professional Associations; UN organizations, particularly PAHO; NGOs including organizations of TB.
3. Other Public Health Threats	Central MOH; CONAMUSA (Country Coordinating Mechanism for projects supported by the Global Fund to Fight Aids, Tuberculosis and Malaria); Regional DIRESAs; Regional and Municipal governments; Universities; Health Professional Associations; UN organizations, particularly PAHO.
4. Maternal/ Child Health	Central MOH; DGSP, National Strategy of Reproductive Health, National Strategy of Infant Health, Regional DIRESAs; Regional and Municipal governments; Universities; Health Professional Associations; UN ICEF, organizations, particularly PAHO.
5. Family Planning/ Reproductive Health	Central MOH; DGSP, National Strategy of Reproductive Health, Regional DIRESAs; Regional and Municipal governments; Universities; Health Professional Associations; UNFPA.

Budget Distribution by Program Element

The first year's budget breakdown is provided below by activity line. The distribution of resources will be distributed similarly in subsequent years.

Table 5. GATS: Distribution of Budget for Year 1 by Program Element

Activity Line	Percent
1. HIV/AIDS	31.0%
2. Tuberculosis:	16.9%
3. Other Public Health Threats	6.9%
4. Maternal/Child Health	11.3%
5. Family Planning /Reproductive Health	33.8%
TOTAL	100%

The 5-year budget for this activity is expected to be between $17 and $23 million.

Results to be achieved

Below are illustrative goals to be achieved through this activity.

(1) HIV/AIDS:

Year one goals:

- NSHIV prepares and disseminates its annual activity plan based on evidence and articulated with plans of other key stakeholders (donor and cooperating agencies, research and education institutions, Global fund projects, etc.).
- NSHIV effectively leads multisector planning for HIV/AIDS prevention and control.
- No less than 75% of NSHIV guidelines (related to prevention, diagnosis, treatment, etc.) are current with generally accepted scientific knowledge, WHO recommendations and guidelines, and other relevant reference documents.
- NSHIV equivalents in DIRESAs of Lima, Ucayali and Loreto effectively produce and utilize quality information relevant to HIV/AIDS and STIs control (e.g. incidence, prevalence, program indicators -coverage, cure rates, etc.).
- NSHIV equivalents in DIRESAs of Lima, Ucayali and Loreto, are using a multisector approach to plan and implement HIV/prevention and control interventions addressing most at risk populations based on evidence and responding to local needs.

Year five goals:

- 100% of NSHIV guidelines are current with generally accepted scientific knowledge, WHO recommendations and guidelines, and other relevant reference documents.
- NSHIV equivalents in 85% of all DIRESAs effectively produce and utilize quality information relevant to HIV/AIDS and STIs control (e.g. incidence, prevalence, and program indicators (coverage, cure rates, etc.)
- NSHIV equivalents in 85% of all DIRESAs, using a multisector approach, plan and implement HIV/prevention and control interventions addressing most at risk populations based on evidence and responding to local needs.

(2) TUBERCULOSIS:

Year one goals:

- Regional NSTB equivalents in Ancash, Callao, Ica, La Libertad, Lambayeque, Lima, Madre de Dios, Tacna and Ucayali produce and utilize information relevant to TB control (e.g. incidence, prevalence, and program indicators, such as coverage and cure rates.)
- Sustainable and sustained DOTS programs in place in Callao, Lima, Madre de Dios, Tacna and Ucayali with 65% of health networks in DIRESAs performance for case detection at or above 95% and cure rates at or above 95%.
- Sustainable and sustained DOTS Plus programs in place in Ancash, Callao, Ica, Lima, La Libertad and Lambayeque, with 65% of health networks in DIRESAs performance at case detection at or above 75% and cure rates at or above 90%.

Year five goals:

- NTSB and its all its regional equivalents produce and utilize information relevant to TB control (e.g. incidence, prevalence, and program indicators, such as coverage and cure rates.)
- Sustainable and sustained DOTS programs in place in 90% of all DIRESAS with 100% of health networks in each DIRESA performing at case detection at or above 95% and cure rates at or above 95%.
- Sustainable and sustained DOTS Plus programs in place in all DIRESAS with 100% of health networks in each DIRESA performing at case detection at or above 95% and cure rates at or above 90%.

(3) OTHER PUBLIC HEALTH THREATS

Year one goals:

- 18 hospitals (where activities have been initiated under VIGIA) producing and utilizing local information on occurrence of hospital infections for designing, implementing, monitoring and evaluating prevention and control interventions, and with structures in place ensuring continuity of these activities.
- A model program for extending the same activity to other hospitals is drafted.

Year five goals:

- A model for institutionalizing hospital infection prevention and control activities tested.
- 85% of major hospitals (approximately 70) in the country are producing and utilizing local information on occurrence of hospital infections for designing, implementing, monitoring and evaluating prevention and control interventions, and with structures in place ensuring continuity of these activities.
- National, regional, and local level health authorities, as well as key health care financers (including but not limited to the Seguro Integral de Salud and ESSALUD), monitor and evaluate hospital performance regarding hospital infection.
- The public is informed of performance of 85% of major hospitals (approximately 70) in the country regarding hospital infection prevention and control.

(4) MATERNAL/CHILD HEALTH

Year One Goals:

- 30% of micro-health networks in 3 of USAID's 7 priority regions have functioning, integrated human resources programs that provide ongoing in-service training, supervision, and evaluation in maternal/child and reproductive health.
- Technical assistance is provided to DIRESAs in 3 regions to integrate and upgrade information systems (including monitoring and evaluation) for child health programs, and that information is being used by health sector decision makers.
- Successful coordination with the MCC Basic Immunization program is underway to achieve integrated child health services, monitoring and evaluation.

Year Five Goals:

- 90% of micro-health networks in at least 7 regions have functioning, integrated human resources programs that provide ongoing in-service training, supervision, and evaluation in maternal/child and reproductive health.
- Funding to sustain at least 90% of these programs is built into regional and/or municipal budgets.
- Technical assistance is provided to DIRESAs in at least 7 regions to integrate and upgrade information systems (including monitoring and evaluation) for child health programs, and that information is being used by health sector decision makers.
- Key data on child health, nutrition, and services is available in "friendly" formats to the public in all 7 priority regions.

(5) FAMILY PLANNING AND REPRODUCTIVE HEALTH

Year One Goals:

- Baseline analysis and 50% reduction in stock-outs of family planning commodities in public facilities in 3 of the 7 priority regions (compared to pre-activity baseline.)
- Effective support provided to DIGEMID to trouble-shoot SISMED system centrally, and build in-house capacity to do so.
- Ongoing basic and refresher training programs established in 3 regions for SISMED and logistics management. 50% of micro health networks in 3 regions are using SISMED appropriately.
- In USAID's seven priority regions, quality of reproductive health care improved as measured by compliance with MOH norms. *Year One Goal:* develop survey and baseline using MOH norms.
- In USAID's seven priority regions, quality of reproductive health care improved as measured by user satisfaction. *Year One Goal:* identify interview instrument and baseline.
- IEC plans for FP/RH, differentiated for adults and adolescents are in place for at least 3 of the 7 priority regions.

Year Five Goals:

- 90% reduction in stock-outs of family planning commodities in public facilities in 7 priority regions (compared to pre-activity baseline.)
- Ongoing basic and refresher training programs established in the 7 regions for SISMED and logistics management. 90% of micro health networks and 100% of DIRESAs in the 7 priority regions are using SISMED appropriately.

- In USAID's seven priority regions, quality of reproductive health care improved as measured by compliance with MOH norms. *Year Five Goal:* 50% increase in compliance among micro health networks in the 7 regions.
- Funding to sustain these programs is built into regional and/or municipal budgets.
- At least 70% of RH/FP patients are "satisfied" with services provided.
- Increase by 50% in knowledge of fertile days amongst adolescents in selected settings of the 7 regions.

IV. MEASURING RESULTS: MONITORING AND EVALUATION

Illustrative indicators from the Mission's FY07 Operational Plan that pertain to the programming elements included in the contemplated task order are listed below.

(1) HIV/AIDS

- Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful (disaggregated by sex.)
- Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful
- Number of targeted condom service outlets
- Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful (disaggregated by sex.)
- Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful

(2) Tuberculosis

- Number of people trained in DOTS with USG funding (disaggregated by sex.)
- Number of people trained in monitoring and evaluation

(3) Other Public Health Threats

- Number of people trained in monitoring and evaluation
- Number of baseline or feasibility studies
- Number of evaluations
    - Process
    - Results
    - Impact
    - Other

(4) Maternal/Child Health

- Number of people trained in child health and nutrition through USG-supported health area programs (disaggregated by sex.)
- Number of children reached by USG-supported nutrition programs
- Number of people trained in monitoring and evaluation
- Number of people trained in other strategic information management

(5) Family Planning and Reproductive Health

- Number of institutions with improved Management Information Systems, as a result of USG Assistance
- Number of people trained in monitoring and evaluation

Recognizing the limitation of Agency-wide indicators for effectively monitoring of accomplishments of this particular activity, the selected Contractor shall be responsible for developing and executing a Monitoring and Evaluation (M&E) plan, in consultation with the USAID M&E team. Expected program results with illustrative indicators, mid-term milestones/ benchmarks, end-of-project results described in this document should be further elaborated in the M&E plan. Data sources and collection methodologies should also be noted for each indicator. In addition to being a tool for tracing progress of this activity, the M&E plan should highlight its key outputs and outcomes; identify tools specifically suited for monitoring technical assistance for a decentralizing health sector; and – potentially – providing models that can serve other countries, as well as contributing to USAID/Peru's reporting in the future.

During the initial implementation period, the contractor shall work closely with USAID/Peru's Health Program to establish final indicators, as well as baseline data and performance targets for each indicator. The final M&E plan shall be submitted to the CTO for approval within 60 days of the award of the Task Order. USAID/Peru and the contractor will conduct periodic performance reviews to monitor the progress of work and the achievement of results as based on the targets specified in the M&E plan. Financial tracking data will be required on a quarterly basis.

The M&E plan will be revised as appropriate on an ongoing basis in collaboration with USAID/Peru.

[END OF DRAFT SOW]

Table 6. Joint USAID-Ministry of Health Projects in Phase-out

Joint Projects	Scope & Key Accomplishments
COBERATURA CON CALIDAD **Implementation Period**: 1996 - 2007 (transitioning to GATS) **Health Sector Counterparts:** • DGSP • DQUAL • Regional DISAs	**SCOPE:** Maternal, Perinatal, and Reproductive Health and Family Planning • Developed a model for continuous improvement of maternal-perinatal and reproductive health, including standards for health posts, health centers, district hospitals and national hospitals. • Developed MOH Norms for Family Planning in 1999. • Developed and disseminated guidelines in family planning emphasizing voluntary access and informed consent, and developed capacity building for appropriate FP counseling. • Developed capacity of teams in 14 regions (of the 24 in Peru) to manage continuous improvement based on standards for maternal and infant health. • Conducted training for improved service delivery in teams of 100% of 300 micro health networks in selected regions. • Trained teams of trainers in 100% of DIRESAS nation wide to use New Norms of FP in 1999. • Strengthened integrated reproductive health services in the MOH, linking FP to prevention of HIV-AIDS, cervical cancer, and gender based violence, and promoting adolescent social skills, improving information about natural family planning methods. • Developed educational materials, videos, and leaflets, in compliance with USAID directives for comprehensible information for FP decisions and users rights. • Donated equipment to reduce maternal and infant mortality by upgrading 300 health facilities in most need, including: radio equipment; coolers for vaccines; oxygen therapy sets; sphygmomanometers; and Doppler for assessment of fetal status. .
HEALTH PROMOTION FOR PERUVIANS AT HIGH RISK **Implementation Period:** 1993 – 2007 (transitioning to GATS) **Health Sector Counterparts:** • DGSP • DPROM • Regional DISAs	**SCOPE:** Health Promotion and Disease Prevention • Supported the activities of the General Directorates of Health Promotion (DGPROM) and Health Care for Persons (DGSP), particularly those under the National Health Strategies: (1) Immunization; (2) Metaxenic Diseases and other Transmitted by Vectors; (3) Mental Health and Promoting a Culture of Peace; (4) Healthy Feeding and Nutrition; (5) HIV_AIDS and Other STDs; (6) TB and (7) Sexual and Reproductive Health. Illustrative activities include the following: • Supported technical meetings and training of multidisciplinary teams of the health networks and micro-networks in TB, Malaria and other diseases transmitted by vectors (Dengue, Bartonelosis and Yellow fever), HIV/AIDS, and other STDs. • Designed and developed IEC materials for local levels of the health system related to: Maternal and Child Care (Pregnancy, Immunizations, Feeding and nutrition, Breastfeeding, complementary feeding, other), Reproductive Health, Mental Health and Infectious Diseases (Malaria, Bartonelosis, TB, ITS and HIV/AIDS). • Supported supervision and training of health personnel Regional and local Level involved in the following activities: Healthy Families and Houses, Healthy Municipalities and Communities; and Health Promotion in Schools. • Supported the implementation and dissemination of the MAIS (Modelo de Atencion Integral de la Salud) at Regional and local levels.

Joint Projects	Scope & Key Accomplishments
VIGIA **Implementation Period** 1996 - 2008 (transitioning to GATS) **Health Sector Counterparts** • INS • DGSP • DGE • DIGESA • DIGEMID • Regional DISAs	**SCOPE:** This project was designed to strengthen Peru's capacities to address infectious diseases, with emphasis on HIV/AIDS, tuberculosis, malaria, antimicrobial resistance, hospital infections, and epidemiological surveillance. Illustrative outputs and results are presented below. **Malaria** • Prepared study on the economic impact of malaria with analysis of alternative strategies for malaria control in Peru. • Implemented a new policy for antimalarial treatment, based on evidence gathered through studies on the efficacy of drugs previously used and of candidate replacements, including the monitoring of efficacy and side effects of treatments, and improved management of drugs and supplies. • Introduced the utilization of rapid diagnostic tests for malaria in Peru. Introduced intermittent rice irrigation for malaria control. • Trained of health workers in malaria diagnosis and treatment. **Tuberculosis** • Prepared study on the economic impact of tuberculosis. • Prepared a study of risk factors for delayed diagnosis, abandoning therapy, and for relapses. • Prepared guidelines for TB control. • Provided laboratory equipment for diagnosis of TB. • Trained health workers in TB and MDRTB management. • Designed and produced an IEC campaign against discrimination related to TB, MDRTB, etc. **Hospital Infection Control** • Prepared national guidelines for hospital infection control and hospital waste management. • Prepared manuals for hospital patient isolation, hospital disinfection and sterilization, and organization and functioning of a hospital epidemiology unit. • Developed protocols for studying the prevalence of hospital infections. • Prepared a study on costs of hospital infections. • Conducted a KAP study among health workers regarding hospital infection control. • Prepared a manual for the prevention and control of hospital infections. • Trained staff from 70 hospitals in infection control. • Provided critically needed laboratory equipment to 18 hospitals **Epidemiological Surveillance** • Implemented a "Sanitary Intelligence" approach. • Strengthened and supported Ministry of Health training program in epidemiology. **HIV/ STIs** • Designed and produced IEC material for prevention of congenital syphilis and HIV.

Annex A-2

Table 7. Monitoring Indicators for USAID-Ministry of Health Bilateral Agreement (2007-08)*

(1) MCH

- Chronic malnutrition rates in children under 3 years old
- Basic vaccination rates in 1-year old children
- Quality of household drinking water
- Percentage of pregnant women with full pre-natal care and a delivery plan

(2) FP/RH

- Percentage of health posts and centers with more than one stock-out of FP commodities per quarter
- Quality of FP/RH care as measured by a client survey index
- Knowledge of fertile days among girls 12 – 18 years old.

(3) Infectious Diseases

- Information on HIV incidence in five hot spot areas published
- National plan to monitor MDR-TB approved by MOH
- Number of public hospitals where protocols for controlling intra-hospital infections are adopted.

(4) Cross-Cutting

- Number of women and children covered by SIS, nationally and in 7- regions
- Number of regions actively enforcing service quality standards in primary care facilities.

* Note: these indicators are being used by USAID and the MOH to monitor the impact of their cooperation in the health sector through a several activities, one of which will be GATS.